

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

Page 1 of 2
RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

JUN 3 32

1. NAME OF COMMITTEE (in full) **USE FEC MAILING OR TYPE OR PRINT** Example: if typing, type over the lines. 12FE4M5
Schatz for Senate

ADDRESS (number and street) PO Box 3828

☐ Check if different than previously reported (ACC) Honolulu HI 96812
CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C00540732 3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A) 4. STATE HI DISTRICT 00
For Candidates Only

5. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
☐ April 15 Quarterly Report (Q1)
☒ July 15 Quarterly Report (Q2) and/or Semi-annual Report
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year End Report (YE) and/or Semi-annual Report
☐ July 31 Mid-Year Report (Non-election Year - Party/PAC) (MY) and/or Semi-annual Report
(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report
(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Special (12S) ☐ Convention (12C) This report also covers the semi-annual period
Election on in the State of See Line 6(b)
(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S) This report also covers the semi-annual period
Election on in the State of See Line 6(b)

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-Annual Covered Period
This report covers 04/01/2015 through 06/30/2015 and/or ☒ January 1 - June 30
☐ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-Annual Covered Period
\$29,825.00 \$47,225.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Keith Amemiya

Signature of Treasurer Keith Amemiya 07/15/2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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